

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90001 018 ***150.00

DOCUMENT # P98000041585

1. Entity Name

MAYA HOLDINGS, INC.



A0062563

DO NOT WRITE IN THIS SPACE

Principal Place of Business
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI, FL 33131

Mailing Address
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI, FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

65-0994594

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HABER, ROBERT M
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so

FILE NOW!!! FEE IS \$140.00.

After MAY 1, 2001 Fee will be \$550.00.

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME **AYZENSHTAT, EFIM**
 STREET ADDRESS **520 BRICKELL KEY DR SUITE 0-305**
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **P** Change Addition
 NAME **MALTSEVA, INNA**
 STREET ADDRESS **520 Brickell Key Dr., Suite 0-305**
 CITY-ST-ZIP **Miami, Florida 33131**

TITLE **AS** Delete
 NAME **HABER, ROBERT M**
 STREET ADDRESS **520 BRICKELL KEY DR SUITE 0-305**
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, or all other like empowered.

SIGNATURE:

ROBERT M HABER

4/25/01 (305) 374-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/00)